

ADVERTISED COMPETITIVE FORM

Service Provider Name:	Contract Name:
Services or Items to Procure (Brief Scope of Work or Description of Items):	
The Total Cost of These Services/Items Shall Not Exceed: (This amount should be \$100,000 or over)	
<i>*Attach a narrative titled "Cost Analysis" describing the research done to determine what a reasonable price would be for the desired items or services. This research could be obtained from the internet or other written sources or from professionals or organizations with knowledge of the items or services desired. The narrative should contain at least one real-world quote for the items or services to validate the research obtained-REQUIRED</i>	
Desired Start Date of Contract or Purchase Date of Items:	This Expense Will Be Billed To the Following Contract Budget Line Item:
Will Your Organization Need a Budget Modification to Cover This Expense? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>*If YES, please attach a budget modification to cover this expense.</i>

Request for Proposal Information:

**Please attach a copy of the Request for Proposal provided to interested bidders-REQUIRED*

Advertising Information:

This Request for Proposal was publicly advertised using the following media over the following dates:

1. Media:	Dates:
2. Media:	Dates:
3. Media:	Dates:
4. Media:	Dates:
5. Media:	Dates:
<i>*Please attach copies of all newspaper ads, internet site postings, or other advertisements-REQUIRED</i>	

Results of the Competitive Process:

The following number of bids was received: (At least two required)	<i>*Please attach a list titled "Bid Submissions" of all vendors/contractors who submitted bids and the prices each bidder quoted-REQUIRED</i>
The public bidder's conference was held on the following date:	At the following location:
The following workforceCONNECTIONS staff attended the bidder's conference. (At least one required)	
Were any bids rejected or disqualified? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>*If YES, attach a narrative titled "Disqualified Bids" describing in detail which bids were disqualified and why. Also attach copies of all disqualified proposals.</i>

Preferred Bidder:

Vendor/Contractor Name:	Vendor Contact:	
Address:	Phone Number:	
Email Address:	Price Quoted:	Is this the lowest bidder? <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>*If NO, attach a narrative titled "Preferred Vendor Justification" describing in detail why the preferred bidder is desired over the lowest bidder. *Attach the proposals submitted by the preferred bidder and the lowest bidder-REQUIRED *Attach a draft Professional Services Agreement (for services) or Quote (for items) with the desired bidder-REQUIRED</i>		

Conflict of Interest Disclosures:

A service provider representative responsible for awarding this contract needs to complete the following section:

Printed Name of Representative:	Title:	Date:
To the best of your knowledge, are any officers, business partners, employees, or agents of your organization or workforceCONNECTIONS employed or otherwise financially or legally involved with any of the potential vendors listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please briefly explain:		
To the best of your knowledge, do any family members (related by blood or marriage) of any officers, business partners, employees, or agents of your organization or workforceCONNECTIONS have any financial or other interest in any of the potential vendors listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please briefly explain:		
Are there any other conflict issues with any of the potential vendors listed above that have not already been disclosed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please briefly explain:		

I certify that that the above information is correct and complete to the best of my knowledge and my organization, or any agent of my organization, has not and will not solicit or accept gratuities, favors, or anything of monetary value of any amount from vendors, subcontractors, potential vendors or potential subcontractors regarding this solicitation for goods or services per workforceCONNECTIONS Procurement policy ADM-010-06.

Signature: _____

Date: _____

ATTACHMENT LIST:

Check the box if the item is attached to this form:

- Cost Analysis, REQUIRED
- Budget Modification, if applicable
- Copy of Request for Proposal, REQUIRED
- Copy of Media Advertisements, REQUIRED
- Bid Submissions List, REQUIRED
- Disqualified Bids List, if applicable
- Disqualified Proposals, if applicable
- Preferred Vendor Justification, if applicable
- Proposal from Lowest Bidder, REQUIRED
- Proposal from Preferred (but not lowest) Bidder, if applicable
- Draft Professional Services Agreement with, OR Quote from, the preferred bidder, REQUIRED
- Other: _____
- Other: _____